



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE
04333



JOHN ELIAS BALDACCI
GOVERNOR

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Integrated Practical Exam (IPE) Re-Test Form – 4/3/07

Student's Instructor Coordinator: Complete the form and give it to the student who needs to retest the IPE.

Student: Present this form and the *Maine EMS Application for Testing and Initial Licensure* to the Instructor Coordinator of the program where you will re-test for the IPE

Instructor Coordinator Administering Re-Test: Complete the bottom section of the form and return it to the student's instructor coordinator, if requested. If not requested by course IC, return to student.

Student Information

1. Name: _____ 2. Date of Birth: _____
3. Mailing Address: _____
4. City, State & Zip: _____ 5. Telephone: _____
6. E-Mail: _____ 7. Course Completion date _____

(Original) Course Information

8. Course Sponsor Name: _____ 9. IPE Level: (Select One)
10. Address: _____ 11. City: _____ State: _____
13. Zip: _____ Sponsor Contact Name: _____
14. Tel.# _____ 15. E-Mail: _____

Instructor Coordinator Information (Original Course)

IC Name: _____ Telephone#: _____
E-Mail: _____ IC State Cert#: _____

*I certify that the above named student is eligible to re-test the Maine EMS Integrated Practical Exam (IPE).
I request that the results of the IPE retest ☐ be reported ☐ not be reported back to me.*

IC Signature: _____ Date: _____

IPE Re-Test Results & Station Scores

1st Re-Test: IPE Date: _____ Course #: _____
CPR: ☐ Airway: ☐ Bleeding: ☐ Splinting: ☐ Spinal: ☐ Assessment: _____
Pass: ☐ Fail: ☐ IC Signature: _____ IC Cert# _____ Date: _____

2nd Re-Test: IPE Date: _____ Course# _____
CPR: ☐ Airway: ☐ Bleeding: ☐ Splinting: ☐ Spinal: ☐ Assessment: _____
Pass: ☐ Fail: ☐ IC Signature: _____ IC Cert#: _____ Date: _____

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